

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

nc030v01

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Town of Murphy Housing Authority

PHA Number: NC19P030

PHA Fiscal Year Beginning: (mm/yyyy) 07/2002

PHA Plan Contact Information:

Name: Bennie Jo Palmer

Phone: 828-837-6662

TDD:

Email (if available):

Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)**

- ☒ Main administrative office of the PHA
- PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- PHA development management offices
- Other (list below)

PHA Programs Administered:

Public Housing and Section 8 Section 8 Only ☒ Public Housing Only

**Annual PHA Plan
Fiscal Year 20**
[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Town of Murphy Housing Authority has not made any major changes in its programs and policies included in last years Agency Plan. The Authority also does not intend to make any changes in its programs or policies for FY 2002.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 144,666

C. X Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C- nc030c01

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B- nc030b01

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

<p style="text-align: center;">Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</p>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition Disposition

3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Time line for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan - Not Applicable

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$

C. Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

Resident Advisory Board (RAB) Recommendations and PHA Response

1. X Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name) - nc030f01

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment _____.

X Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment F_(nc030f01).

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) State of North Carolina

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

X Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Other: (list below)

PHA Requests for support from the Consolidated Plan Agency

Yes X No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The NC Consolidated Plan's goals of providing decent housing, suitable living environment and

expanding economic opportunity are consistent with and support the PHA's goals & objectives.

C. Criteria for Substantial Deviation and Significant Amendments

Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

The Authority's definition of "Substantial Deviation" and "Significant Amendment or Modification" with regards to its 5-Year and Annual Plan:

- S** Changes to rent or admissions policies or organization of the waiting list;
- S** additions of non-emergency work items or change in use of replacement reserve funds under the Capital Fund;
- S** any change with regard to demolition or disposition, designation, homeownership programs or conversion activities

B. Significant Amendment or Modification to the Annual Plan:

Same as Substantial Deviation listed above

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review
--

Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations

Applicable & On Display	Supporting Document	Related Plan Component
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency

Applicable & On Display	Supporting Document	Related Plan Component
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> • Baseline law enforcement services for public housing developments assisted under the PHDEP plan; • Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); • Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; • Coordination with other law enforcement efforts; • Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and • All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Small PHA Plan Update Page

Annual Statement/Performance and Evaluation Report					
PHA Name:		Grant Type and Number			Federal FY of Gra
Original Annual Statement		Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages	See Attachment File nc030b01			
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan			
Original statement		Revised statement	
Development Number	Development Name (or indicate PHA wide)		
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
See Attachment File nc030c01			
Total estimated cost over next 5 years			

PHA Public Housing Drug Elimination Program Plan

NOT APPLICABLE

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

- A. Amount of PHDEP Grant \$
- B. Eligibility type (Indicate with an "x") N1 N2 R
- C. FFY in which funding is requested
- D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months 18 Months 24 Months

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

FY	Year of PHDEP	Grant #	Fund Balance as of	Grant	Grant Start	Grant Term
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In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

Enter the total amount of PHDEP funding allocated to each line item.

[illegible]

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							

Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

1. Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

Name of resident member(s) on the governing board:

How was the resident board member selected: (select one)?

Elected

Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

- X the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member: November, 2005

Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

William N. Hughes, Mayor

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Terry Kindrick
Grace Moses
Pearl McDonald
Melissia Colbert
Travis Adams

CIAP Budget/Progress Report

Part I: Summary

Comprehensive Improvement Assistance Program (CIAP)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0044 (exp. 1/31/96)

Public Reporting Burden for this collection of information is estimated to average 12.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0044), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

HA Name MURPHY HOUSING AUTHORITY

Modernization Project Number NC19P030501-00

FFY of Grant Approval 2000

Q Original CIAP Budget

Q Revised CIAP Budget/Revision Number

O Progress Report for Period Ending 12/31/01

Q Final Progress Report

Line No.	Summary by Development Account		Total Funds Approved		Total Funds	
			Original	Revised	Obligated	Expended
1	1406	Operating	\$14,178		\$14,178	0
2	1408	Management Improvements	\$3,200		\$3,200	0
3	1410	Administration	\$14,178		\$14,178	0
4	1415	Liquidated Damages				
5	1430	Fees and Costs	\$17,306		\$17,306	0
6	1440	Site Acquisition				
7	1450	Site Improvement	\$68,598		\$68,598	0
8	1460	Dwelling Structures	\$24,323		\$24,323	0
9	1465.1	Dwelling Equipment - Nonexpendable				
10	1470	Nondwelling Structures				
11	1475	Nondwelling Equipment				
12	1495.1	Relocation Cost				
13	Amount of CIAP Grant (Sum of lines 2-12)		\$141,783		\$141,783	0
14	Amount of line 13 Related to LBP Testing		0		0	0
15	Amount of line 13 Related to LBP Abatement		0		0	0
16	Amount of line 13 Related to Section 504 Compliance		0		0	0

Signature of Executive Director and Date

?

HUD Certification: In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Field Office Manager (or Regional Public Housing Director in co-located office)/OIP Director and Date

?

CIAP Budget/Progress Report**Part II: Supporting Pages****Comprehensive Improvement Assistance Program (CIAP)**U.S. Department of Housing
and Urban Development

Office of Public and Indian Housing

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
NC30-1	Replace sanitary sewer trunk lines to each dwelling unit (23 units x \$2982) (contract/force account)	1450	\$68,598			\$68,598	0
	Furr-out block walls, insulate perimeter walls and install new sheetrock. Repair interiors including kitchens, baths & electrical trim. (5 units x \$4865) (force account)	1460	\$24,323			\$24,323	0
	SUBTOTAL SITEWORK, DWELLING STRUCTURES		\$92,921			\$92,921	0
PHA-Wide	Housing Authority will hire a Construction Management Consultant to assist in hiring personnel, scheduling, estimating, purchasing, and management of all phases of the construction process.	1430	\$16,600			\$16,600	0
	PHA will have an audit conducted.	1430	\$706			\$706	0
	Administrative costs associated with implementing this program.	1410	\$14,178			\$14,178	0
	Purchase computer software to update tenant account program.	1408	\$3,200			\$3,200	0
	Operations	1406	\$14,178			\$14,178	0
	SUBTOTAL PHA WIDE		\$48,862			\$48,862	0
	GRAND TOTAL FOR ALL ACCOUNTS		\$141,783			\$141,783	0

Comprehensive Improvement Assistance Program (CIAP)

Office of Public and Indian Housing

Page 2 of 3

form HUD-52825 (4/93)
ref Handbook 7485.1

Part III: Implementation Schedule

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Development Number	First Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual	Original	Revised (Attach explanation)	Actual
NC30-1	12/31/00		12/31/00	03/31/02		12/31/00	03/31/03		

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Five-Year Action Plan

Part I: Summary

Comprehensive Grant Program (CGP)

U.S. Department of Housing
and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/95)

HA NAME: MURPHY HOUSING AUTHORITY		Locality: (City/County & State) MURPHY/CHEROKEE/NORTH CAROLINA		O Original Q Revision No. _____	
A. Development Number/Name	Work Statement for Year 1 FFY: <u>2002</u>	Work Statement for Year 2 FFY: <u>2003</u>	Work Statement for Year 3 FFY: <u>2004</u>	Work Statement for Year 4 FFY: <u>2005</u>	Work Statement for Year 5 FFY: <u>2006</u>
NC 30-1 - SCATTERED SITES	See Annual Statement	94,698	37,100	94,698	37,100
NC 30-2 - SCATTERED SITES		0	57,598	0	57,598
B. Physical Improvements Subtotal		94,698	94,698	94,698	94,698
C. Management Improvements		3,200	3,200	3,200	3,200
D. HA-Wide Nondwelling Structures and Equipment		0	0	0	0
E. Administration		14,200	14,200	14,200	14,200
F. Other		32,568	32,568	32,568	32,568
G. Replacement Reserve		0	0	0	0
H. Total CGP Funds		144,666	144,666	144,666	144,666
I. Total Non-CGP Funds		0	0	0	0
J. Grand Total		144,666	144,666	144,666	144,666

Signature of Executive Director:	Date:	Signature of Public Housing Director/Office of Native American Programs Administrator	Date:
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Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Work Statement for Year 1 FFY: <u>2002</u>	Work Statement for Year <u>2</u> FFY: <u>2003</u>			Work Statement for Year <u>3</u> FFY: <u>2004</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<u>NC 30-1 - SCATTERED SITES</u>			<u>NC 30-1 - SCATTERED SITES</u>		
	Kitchen upgrades	5	12,100	Kitchen upgrades	5	12,100
	Closet doors	5	4,250	Appliances	5	4,250
	Appliances	5	4,250	Interior plumbing	5	1,750
	Interior plumbing	10	3,500	Interior Painting	5	4,250
	Painting	5	4,250	Electrical Upgrades	5	12,500
	Door frames/weatherstripping	10	4,500	Porch Rails	5	2,250
	Air conditioning	5	10,000	SUBTOTAL NC 30-1 SCATTERED SITES		37,100
	Insulation/sheetrock walls	5	27,500			
	Sidewalks	200 lf	3,000	<u>NC 30-2 - SCATTERED SITES</u>		
	Security site lighting	LS	2,500	Interior plumbing	10	3,500
	Electrical upgrades	5	12,500	Interior Painting	10	10,000
	Building exteriors	LS	6,348	Appliances	20	10,000
				Construction of new HC accessible unit	1	34,098
	SUBTOTAL NC 30-1 SCATTERED SITES		94,698	SUBTOTAL NC 30-2 SCATTERED SITES		57,598

	Subtotal of Estimated Cost	94,698	Subtotal of Estimated Cost	94,698	

Page 2 of 5

form HUD-52834 (1/95)
ref Handbook 7485.3

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Work Statement for Year 1 FFY: <u>2002</u>	Work Statement for Year <u>4</u> FFY: <u>2005</u>			Work Statement for Year <u>5</u> FFY: <u>2006</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	<u>NC 30-1 - SCATTERED SITES</u>			<u>NC 30-1 - SCATTERED SITES</u>		
	Kitchen upgrades	5	12,100	Kitchen upgrades	5	12,100
	Closet Doors	5	4,250	Appliances	5	4,250
	Appliances	5	4,250	Interior plumbing	5	1,750
	Interior plumbing	10	3,500	Interior Painting	5	4,250
	Painting	5	4,250	Electrical Upgrades	5	12,500
	Door frames/Weatherstripping	10	4,500	Porch Rails	5	2,250
	Air Conditioning	5	10,000	SUBTOTAL NC 30-1 SCATTERED SITES		37,100
	Insulation/Sheetrock walls	5	27,500			
	Sidewalks	200lf	3,000	<u>NC 30-2 - SCATTERED SITES</u>		
	Security site Lighting	LS	2,500	Interior plumbing	10	3,500
	Electrical upgrades	5	12,500	Flooring	10	10,000
	Building exteriors	LS	6,348	Air Conditioning	10	15,000
				Porch Rails	20	5,000
				Security Window Screens	10	13,000
				Prune Trees	LS	2,000

	SUBTOTAL NC 30-1 SCATTERED SITES		94,698	Security Site Lighting	LS	2,500
				Building Exteriors	LS	6,598
				SUBTOTAL NC 30-2 SCATTERED SITES		57,598
	Subtotal of Estimated Cost		94,698	Subtotal of Estimated Cost		94,698

Five-Year Action Plan

Part III: Supporting Pages

Management Needs Work Statement(s)

Comprehensive Grant Program (CGP)

**U.S. Department of Housing
and Urban Development**

Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Work Statement for Year 1 FFY: <u>2002</u>	Work Statement for Year <u>2</u> FFY: <u>2003</u>			Work Statement for Year <u>3</u> FFY: <u>2004</u>		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Office Equipment	LS	3,200	Office Equipment	LS	3,200
	SUBTOTAL MANAGEMENT IMPROVEMENTS		3,200	SUBTOTAL MANAGEMENT IMPROVEMENTS		3,200
	<u>OTHER</u>			<u>OTHER</u>		
	Financial Audit	LS	706	Financial Audit	LS	706
	Fees & Costs	LS	17,000	Fees & Costs	LS	17,000
	Operating	LS	14,862	Operating	LS	14,862
	Administration	LS	14,200	Administration	LS	14,200
	SUBTOTAL OTHER		46,768	SUBTOTAL OTHER		46,768

[illegible]Page 4 of 5

form HUD-52834 (1/95)
ref Handbook 7485.3

Five-Year Action Plan

Part III: Supporting Pages

Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

U.S. Department of Housing

and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/95)

Work Statement for Year 1 FFY: <u>2002</u>	Work Statement for Year <u>4</u> FFY: <u>2005</u>			Work Statement for Year <u>5</u> FFY: <u>2006</u>		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Office Equipment	LS	3,200	Office Equipment	LS	3,200
	SUBTOTAL MANAGEMENT IMPROVEMENTS		3,200	SUBTOTAL MANAGEMENT IMPROVEMENTS		3,200
	<u>OTHER</u>			<u>OTHER</u>		
	Financial Audit	LS	706	Financial Audit	LS	706
	Fees & Costs	LS	17,000	Fees & Costs	LS	17,000
	Operating	LS	14,862	Operating	LS	14,862
	Administration	LS	14,200	Administration	LS	14,200
	SUBTOTAL OTHER		46,768	SUBTOTAL OTHER		46,768

	Subtotal of Estimated Cost		49,968	Subtotal of Estimated Cost		49,968

ATTACHMENT F

COMMENTS OF RESIDENT ADVISORY BOARD

The Authority's Annual and 5-Year Plans were reviewed with the Resident Advisory Board and were made available for review by all of the PHA residents at the main office. The Board was involved in the planning process and were given sufficient time to fully participate in the process of preparing the Plans.

There were no comments or recommendations made regarding the content of the Plans. The Board was in concurrence with all work items included in both the Annual and 5-Year budgets.

The only question raised regarding the Plan was the sequencing of the actual physical construction work items. The Authority stated that work would commence in the apartments that were in the worst physical condition and would proceed accordingly. The Board was in agreement with this plan of action.

ATTACHMENT G

Initial Voluntary Conversion Initial Assessment

The Murphy Housing Authority has only two (2) developments and both are subject to the Required Initial Assessment. The Developments are NC 30-1 and NC 30-2 consisting of 40 and 44 units respectively.

The Murphy Housing Authority hereby certifies that it has reviewed its development's operations as public housing and has considered the implications of converting the public housing development to tenant-based assistance. The Authority has concluded that the conversion of the development is inappropriate because the removal of these two developments would not meet the necessary conditions for voluntary conversion as described at § 972.200 (c). This decision was based on the excessive cost of the conversion and the Authority's potential inability to occupy the developments if it received tenant-based assistance. The anticipated cost and workability of vouchers in our small local community is also deemed inappropriate by the Authority.

CIAP Budget/Progress Report

Part I: Summary

Comprehensive Improvement Assistance Program (CIAP)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0044 (exp. 1/31/96)

Public Reporting Burden for this collection of information is estimated to average 12.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0044), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

HA Name MURPHY HOUSING AUTHORITY

Modernization Project Number NC19P03091099

FFY of Grant Approval 1999

Q Original CIAP Budget

Q Revised CIAP Budget/Revision Number

O Progress Report for Period Ending 12/31/01

Q Final Progress Report

Line No.	Summary by Development Account		Total Funds Approved		Total Funds	
			Original	Revised	Obligated	Expended
1	1406	Operating	\$14,467		\$14,467	\$7,220
2	1408	Management Improvements	\$3,200		\$3,200	0
3	1410	Administration	\$14,467		\$14,467	\$5,387
4	1415	Liquidated Damages				
5	1430	Fees and Costs	\$14,000		\$12,558	\$4,590
6	1440	Site Acquisition				
7	1450	Site Improvement	\$3,400		\$4,842	\$4,842
8	1460	Dwelling Structures	\$95,137		\$95,137	\$81,764
9	1465.1	Dwelling Equipment - Nonexpendable				
10	1470	Nondwelling Structures				
11	1475	Nondwelling Equipment				
12	1495.1	Relocation Cost				
13	Amount of CIAP Grant (Sum of lines 2-12)		\$144,671		\$144,671	\$103,803
14	Amount of line 13 Related to LBP Testing		0		0	0
15	Amount of line 13 Related to LBP Abatement		0		0	0
16	Amount of line 13 Related to Section 504 Compliance		0		0	0

Signature of Executive Director and Date

?

HUD Certification: In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Field Office Manager (or Regional Public Housing Director in co-located office)/OIP Director and Date

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CIAP Budget/Progress Report**Part II: Supporting Pages****Comprehensive Improvement Assistance Program (CIAP)**U.S. Department of Housing
and Urban Development

Office of Public and Indian Housing

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
NC30-1	Furr out existing perimeter walls, insulate & sheetrock & finish surface; work will include electrical outlets & switches & trim required at windows and doors. Repaint all interiors. (5 units x \$3598) (force account	1460	\$18,027			\$18,027	\$14,460
NC30-2	Repair deteriorated bath tub walls and install ceramic tile tub surrounds. Labor & installing material only. Tile purchased. (22 units x \$1128) (force account)	1460	\$25,200			\$25,200	\$15,394
NC30-2	Enclose water heaters in open area of utility room for safety. (9 ea x \$300) (force account)	1460	\$2,700			\$2,700	\$2,700
NC30-1 NC30-2	Install AC compressor guards at all units. (82 ea x \$205) (force account)	1460	\$16,810			\$16,810	\$16,810
NC30-1 NC30-2	Complete underfunded central heat pump with integral air conditioning in all units. Work will include all new ductwork and mechanical closets within apts. Funded in 98 at \$2,855 per unit; bids received \$3,385 per unit. (force account and contract)	1460	\$32,400			\$32,400	\$32,400
NC30-1	Regrade;install 2 drains; removal of tree roots on top of ground (5 units);re-sod (11 units); tree removal (5 units)	1450	\$3,400			\$4,842	\$4,842
	SUBTOTAL DWELLING STRUCTURES		\$98,537			\$99,979	\$86,606
PHA-Wide	Operating Expenses	1406	\$14,467			\$14,467	\$7,220
	Upgrade Computer software	1408	\$3,200			\$3,200	0
	Administrative costs associated with implementing this program.	1410	\$14,467			\$14,467	\$5,387
	PHA will hire a Construction Manager to assist with this Project	1430	\$14,000			\$12,558	\$4,590
	SUBTOTAL PHA WIDE		\$46,134			\$44,692	\$17,197

Comprehensive Improvement Assistance Program (CIAP)

Office of Public and Indian Housing

Page 2 of 3

Part III: Implementation Schedule

Comprehensive Improvement Assistance Program (CIAP)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

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Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: MURPHY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NC19P03050102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	\$14,862			
3	1408 Management Improvements	\$3,200			
4	1410 Administration	\$14,200			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$17,706			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$4,500			
10	1460 Dwelling Structures	\$85,948			
11	1465.1 Dwelling Equipment — Nonexpendable	\$4,250			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	\$144,666			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: MURPHYHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgram: NC19P03050102 CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant: 2002
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures	\$4,500			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: MURPHY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: NC19P03050102 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-WIDE	Fees & Costs	1430	LS	\$17,000				
	Financial Audit	1430	LS	\$706				
	Planning, Sundry, Salaries	1410	LS	\$14,200				
	Computer Software	1408	LS	\$3,200				
	PHA Operations	1406	LS	\$14,862				
NC30 -1	Kitchen Upgrades	1460	5	\$12,100				
	Appliances	1465	5	\$4,250				
	Interior Plumbing	1460	5	\$1,750				
	Interior Painting	1460	5	\$4,250				
	Electrical Upgrades	1460	5	\$12,500				
	Porch Rails	1460	5	\$2,250				
NC30 -2	Interior Plumbing	1460	10	\$3,500				
	Flooring	1460	10	\$10,000				
	Air Conditioning	1460	10	\$15,000				
	Porch Rails	1460	20	\$5,000				
	Security Window Screens	1460	10	\$13,000				
	Prune Trees	1450	LS	\$2,000				
	Security Sight Lighting	1450	LS	\$2,500				
	Building Exteriors	1460	LS	\$6,598				
	TOTAL			\$144,666				

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHAName: MURPHY HOUSING AUTHORITY			Grant Type and Number Capital Fund Program#: NC19P03050102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-WIDE	12/03			6/05			
NC30 -1	12/03			6/05			

CapitalFundProgram5 -YearActionPlan

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.
 CompleteatableforanyPHA -widephysicalormanageme ntimprovementsplannedinthenext5PHA
 fiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludinformationfrom
 YearOneofthe5 -Yearcycle,becausethisinformationisincludedintheCapitalFundProgramAnnual
 Statement.

CFP5 -YearActionPlan		
<input type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCos t	PlannedStartDa (HAFiscalYear)
Totalestimatedcostovernext5years		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: MURPHY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NC19P03050101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	\$14,862		\$14,862	0
3	1408 Management Improvements	\$3,200		0	0
4	1410 Administration	\$14,200		\$14,200	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$17,306		\$17,306	0
8	1440 Site Acquisition				
9	1450 Site Improvement	\$5,500		0	0
10	1460 Dwelling Structures	\$85,348		0	0
11	1465.1 Dwelling Equipment — Nonexpendable	\$4,250		0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	\$144,666		\$46,368	0
21	Amount of line 20 Related to LBP Activities	0		0	0
22	Amount of line 20 Related to Section 504C compliance	0		0	0
23	Amount of line 20 Related to Security	0		0	0

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: MURPHYHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program: NC19P03050101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures	\$4,500			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: MURPHY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program #: NC19P03050201 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-WIDE	Construction Manager	1430	LS	\$16,600		\$16,600	0	
	Financial Audit	1430	LS	\$706		\$706	0	
	Planning, Sundry, Salaries	1410	LS	\$14,200		\$14,200	0	
	Computer Software	1408	LS	\$3,200		0	0	
	PHA Operations	1406	LS	\$14,862		\$14,862	0	
NC30 -1	Security Site Lighting	1450	LS	\$2,500		0	0	
	Sidewalks	1450	300LF	\$3,000		0	0	
	Kitchen Upgrades	1460	6	\$12,500		0	0	
	Closet Doors	1460	6	\$4,250		0	0	
	Interior Plumbing	1460	4	\$3,500		0	0	
	Painting	1460	4	\$4,250		0	0	
	Door Frames/Weatherstripping	1460	6	\$4,500		0	0	
	Air Conditioning	1460	4	\$10,000		0	0	
	Sheetrock Walls/Insulation	1460	10	\$27,500		0	0	
	Electrical Upgrades	1460	10	\$12,500		0	0	
	Building Exteriors	1460	10	\$6,348		0	0	
	Ranges & Refrigerators	1465	5	\$4,250		0	0	
	TOTAL			\$144,666		\$46,368	0	

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

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CapitalFundProgram5 -YearActionPlan

Completeonetableforeachdevelopmentinwhichworkisplannedint henext5PHAfiscalyears.
 CompleteatableforanyPHA -widephysicalormanagementimprovementsplannedinthenext5PHA
 fiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludinformationfrom
 YearOneofthe5 -Yearcycle,becausethisinformationisincludedintheCapitalFundProgramAnnual
 Statement.

CFP5 -YearActionPlan		
<input type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDa (HAFiscalYear)
Totalestimatedcostovernext5years		

ATTACHMENT K

BRIEF STATEMENT OF PROGRESS IN MEETING THE 5-YEAR PLAN MISSION AND GOALS

The Housing Authority's Mission is the same and has not been modified from the original 5-Year Plan.

The Authority is continuing to try to expand the supply of assisted housing by reducing its vacancies. The vacancy rate has been reduced 8% since the 5-Year Plan was originally prepared.

The Authority is also trying to improve the quality of assisted housing by improving the PHAS score. The Authority is also continuing to renovate the interiors of its housing stock which increases the satisfaction of the residents.

The Authority has achieved a satisfactory balance of mixed incomes among residents at all of its sites (only 2 developments) in an effort to deconcentrate poverty. In addition, the number of employed persons being housed by the Authority has increased 2% which helps with meeting the goal of promoting self-sufficiency.

The Authority continues to offer equal opportunity for all Americans to further fair housing. The Authority ensures access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability.

ATTACHMENT L

PHA Certification

Deconcentration of Poverty and Income Mixing

In accordance with the Federal Register 24 CFR Part 903, Section § 903.2 (2)(b)(2), the Town of Murphy Housing Authority hereby certifies that it is not subject to deconcentration of poverty and income mixing requirements since the housing developments operated have fewer than 100 public housing units.